

My Medical Record of Care

Fri. September 17

D'Angelo

TIME 9:50 10:00 Jaw Was Broken.

Sat. Sept. 18 didn't ^{EAT} ^{CAUSE I COULDN'T} ^{WAS A INFECTED TOOTH NURSE MADE} ^{A CLINICAL ASSESSMENT OF MY PROBLEM} ^{I WAS TOLD COULDN'T SEE ANYONE UNTIL MONDAY}

SUN. Sept. 19 Nurse/1. 2. ^{I ASK FOR ICE NO I HAD TO WAIT UNTIL} ^{PUT ICE ON IT WHICH THERE WASN'T ANY MORE.}

MON. Sept. 20 NOTIFY LT. QUEENER / ^{SET. Freeway 40 Fields Female} TOOK PICTURES / PER DOCTOR / NURSE

^{Diane} ^{TWO SPONIN} ^{ASSESSMENT} Had X-rays taken Conclusion Broken ~~to~~ LEFT Jaw. ^{also A} ^{LIQUID} ^{DIET}

From the 20th of September till to date / NO ACTION Taken / Iena

Meaning Jaw has not been wired.

SEPT. 21. TUE 1. Housed in Infirmary By Doctor DIANE Hernandez

22. Wed 2. Nurse IENA stated in her own words she ~~did~~ didn't need oral surgeon to see that my jaw

23. THU was fractured so she ~~the~~ scheduled me to

24. Fri see a outside oral surgeon on the 20th of

25. SAT Sept. 28. Sat in Infirmary from 20 till 28 August

26. SUN SEPT. 29 WED. ^{Waiting to be seen by Dr. Deameko so go him being on VACATION I WAS} ^{TOLD TO WAIT UNTIL UNTIL HE'S BACK FROM VACATION}

27. MON. I WAS SEEN BY a dentist BUT He stated it was

28. TUE fractured and IF He Had permission FROM Dr. Deameko He would wire my jaw or proper medical Equipment He'll wire it BUT He stated He needs the OK FROM Dr. Deameko WHO was still on Vacation. I'll remain on Liquid diet.

Sept. 30

Fri Oct. 1 5. TUE 9. SAT 13 ~~WEDS.~~

SAT Oct. 2 6. WED 10. SUN 14

SUN Oct. 3 7. THUR 11. MON

MON Oct. 4 8. Fri 12. TUES

I ASK EXIA ABOUT
GOING TO HOSPITAL
SHE STATED IF MY
JAW WAS BROKEN
EARLY I WOULD
BE GOT TO HOSPITAL

CLAS SCHEDULE
TO GO TO HOSPITAL
COULD NOT THROUGH
SECURITY OR MEDICAL REASON

Dr. Fish stated I'm scheduled BUT CAN'T SAY WHEN
I'll BE going out BUT due to Dr. Deameko coming
BACK FROM VACATION Dr. Fish stated it's up
TO Dr. Deameko schedule.
Dr. DIANE said SHE CAN NOT do ANOTHER ONE
CONSULTATION I WAS APPROVED to go OUT IT'S NO LONGER
UP TO THEM IT'S A SECURITY ISSUE NOW I'll HAVE TO
WAIT

OCT 15. Mrs. Diane ~~Herandez~~ ^{Herandez} said she believes I HAVEN'T BEEN getting my Diet ^{TRAY} ~~TRAY~~ Friday ~~from medical~~ ^{from medical} refill my medication. I ASK Dr. ARAMBRO He stated that I was schedule to BE SEEN OCT. 4 on that Monday BUT THROUGH TO SECURITY I WASN'T TAKEN OUT TO GET MY JAW WIRED.

FIRST ONE THE WEEK OF THE 20th I WAS SCHEDULED TO GO OUT
SECOND ONE ^{BY JENO Dr.} CONSULTATION WAS SCHEDULED BY Dr. DIANE HERENDEZ
~~WEEKEND~~ Dr. Arambro checked with Dr. DIANE HERENDEZ and He stated I'll BE going out next WEEK He CAN'T TELL ME EXACT DATE BUT IN THE WEEK OF OCT 15 ~~at~~ ~~to~~ through

SAT. OCT. 16

SUN. OCT. 17 this day marking 30 days OF HAVING FRACTURED JAW and NO medical attention.

MON. OCT 18 I WAS TAKEN TO CHRISTIAN HOSPITAL TO SEE Dr. EUGENE M. D'AMICO I HAD A MOTHER

X-RAY TOOKEN Filled out PAPERs it WAS DETERMINED IT WAS BROKEN AGAIN OCT. 18. 04 I INFORMED Dr. D'AMICO ABOUT WHY IT TOOK SO LONG TO GET ME TO THE HOSPITAL HE SAID HE WAS NEVER INFORMED OR CALLED ABOUT MY SITUATION I WAS KEPT ON LIQUID DIET AND GIVEN PAIN RELIEF PER D'AMICO AND SIGNED PAPERs FOR SURGURY AND Dr. D'AMICO SAID I'll BE OUT FOR SURGURY SOMETIME THIS WEEK.

TUES. OCT. 19

WEDS. OCT. 20 Dr. DIANE CAME WITH GRIEVENS ABOUT ME RECEIVING MEDICAL TREATMENT and WHY IT'S BEEN SO LONG THAT I HAVEN'T RECEIVED MEDICAL TREATMENT I DID NOT SIGN OFF ON GRIEVENS TODAY MARKING 30^{day} I'VE BEEN IN THE INFIRMARY ON LIQUID DIET AND HAVE HERE STILL WITHOUT MEDICAL TREATMENT 30 DAYS

THURS. OCT. 21

Hunt, Richard
FULL LIQUID
No Snack

THURS OCT. 21 04 9:50 AM

LT. SHELLEY INFORMED ME THAT I WAS ALLOWED TO PRESS
CHARGES IT'S A SOL'S COLLUSION AND HE ALSO STATED "GO
LAY DOWN AND RUB MY CELL MATE'S FEET OR SOMETHING"
STILL HASN'T WENT TO THE HOSPITAL TO GET MY JAW WIRED.

FRI. OCT 22, 04 around 11:35

I WAS TAKEN FOR SURGERY TO GET MY JAW WIRED
HUT AND ILL RECEIVE A FOLLOW UP IN A COUPLE
WEEKS. I WAS PRESCRIBED TOLONOL 3 WITH COBEN EVERY 4 HRS.

SAT. OCT 23. I'm receiving my pain meds but not as

SUN. OCT 24. Prescribed when I ask for it I'm being

MON. OCT 25. told to wait "I'm Busy" as you need
TUES. OCT 26. to wait for everyone else so they could
get everyone at the same time.

Wed OCT 27.

THURS. OCT 28. I was told by RN. Jeremy I was weights the 13.12.06
Sept. 04/17 lbs now on Oct 28 my weight was I weighed
16.5 lbs.

FRI. OCT 29

SAT. OCT 30

SUN. OCT 31

MON NOV 1. I ASK DR. DIANE # FOR MEDICAL ATTENTION FOR BRUISES ON MY GUM
SHE STATED TO ME TO "FILL OUT A SICK CALL SLIP" WHY IF I'M IN THE LINE?
TUES NOV 2. went to see inside dentist about CORE RED GUMS I WAS OVER MOUTH
WEDS NOV. 3. was told that Dr. Amato was on vacation for 2 WEEKS I weigh 17.0

THURS NOV 4

FRI NOV 12 SAT. NOV 20

FRI NOV 5

SAT NOV 13 Complaining about PAIN NO ATTENTION

SAT. NOV 6

SUN NOV 14

SUN NOV 7

MON NOV 15

MON. NOV 8

TUE NOV 16

TUE. NOV 9

WED NOV 17 weight was 14.2 lbs.
I went to Dr. Amato's
OFFICE 10:00 AM
THURS NOV 18 making my gum hurt plus TOOTH ACHES no medicine CHAR.
Went to Dr. Amato's
OFFICE 10:00 AM
FRI NOV 19 BACK IN 2 WEEKS

WED. NOV 10

THURS NOV 11

FRI NOV 19

NOV. 21 Sun.

NOV. 22 Mon

NOV. 23 TUES. ^{Seen Dentist complain that Em still receiving tooth aches}
 From Dentist Tightening Bares said he was going to loosen them

NOV. 24 Wed

NOV. 25 Thurs.

NOV. 26 Friday

NOV. 27 SAT.

NOV. 28 SUN.

NOV. 29 Mon ^{seen Dentist} ~~Nothing!!~~

NOV. 30 TUE

DEC. 1 Wed

DEC. 2 Thurs.

DEC. 3 Friday

DEC. 4 Sat.

DEC. 5 SUN.

DEC. 6 Mon. ^{Went to get my mouth x-rayed}
^{Supposed to go back and get the whole thing took out}

DEC. 7. TUES.

DEC. 8 Wed.

DEC. 9 Thurs.

DEC. 10 Friday

DEC. 11 SAT.

DEC. 12 SUN

DEC. 13 MON

DEC. 14 TUES

DEC. 15 Wed

DEC. 16 Thurs.

DEC 17

DEC. 18

DEC 19

DEC 20

DEC 21

DEC 22

DEC 23

DEC 24

DEC 25

DEC. 26

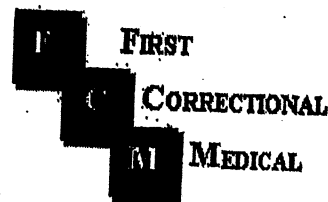
DEC. 27

DEC. 28

DEC. 29

DEC. 30

DEC 31



HEALTH CARE REQUEST FORM

(PETICION PARA TRATAMIENTO MEDICO)

PART A: (To be completed by inmate)
(PARTE A: Completado por preso)

DATE: 9/17/04
 (Fecha)

Inmate's Name Richard Hunt
 (Nombre de preso)

Number: 274714
 (Numero)

Work Assignment:
 (Trabajo)

Work Hours:
 (Horas de trabajo)

Housing Unit: 2411
 (Dorma)

Reason for Medical Appointment:

(Razon para tratamiento medico) I WAS PUNCHED BY A C/O I THINK MY
ARM IS BROKEN AND PART OF MY TOOTH
IS IN MY GUM

How long have you had this problem?
 (Cuanto tiempo tienes con este problema?)

Hours: SINCE 10:00
 (Horas)

Days: 9/17/04
 (Dias)

PART B: (To be completed by medical personnel - DO NOT WRITE BELOW THIS LINE)
(Parte B: Completado por personal medico - No escribas debajo de esta linea)

Medical Reply:

Medical Staff Member's Signature

Date

FORM #585

MEDICAL GRIEVANCE

FACILITY: HSCF

DATE SUBMITTED: 9.29.04

INMATE'S NAME: Richard Hunt

SBI#: 274714

HOUSING UNIT: (TNE) 205

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

C/O Emig Broke my Jaw of 9-17-04
I came to the Infirmary on 9-20-04 and they X-rayed
It and it was broken. they let me see the oral surgeon
on 9-29-04 but they letting my jaw set out of place.
they said that the doctor wouldn't be back until the
first week of October.

GRIEVANT'S SIGNATURE: Richard Hunt DATE: 9/29/04

ACTION REQUESTED BY GRIEVANT: I want my jaw fixed.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

MEDICAL GRIEVANCE

DATE SUBMITTED: 10.8.04

SBI#: 274714

CASE #: _____

DATE & TIME OF MEDICAL INCIDENT: 10.8.01

I need medical attention and I'm not receiving it
this is violating my constitutional rights. I'm being
made to suffer for no just reason.

GRIEVANT'S SIGNATURE: P. J. [Signature]

DATE: 10/8/01

ACTION REQUESTED BY GRIEVANT: I request to BE taking to a OUTSIDE
Hospital ASAP.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Richard Hunt Inf.

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 10-19-04

RE: MEDICAL GRIEVANCE # 04-7735

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

WILMINGTON DE, 19809
Phone No. 302-429-7700

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : HRYCI
Grievance # : 7735	Grievance Date : 10/08/2004	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 10/08/2004	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 6, Bed A	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I need medical attention and I'm not receiving it. This is violating my constitutional rights I'm being made to suffer for no just reason.

Remedy Requested : I request to be taken to a outside hospital asap.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 10/15/2004
Investigation Sent : 10/15/2004	Investigation Sent To : Fish, Irwin
Grievance Amount :	

WILMINGTON DE, 19809
Phone No. 302-429-7700

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : HRYCI
Grievance # : 7735	Grievance Date : 10/08/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/08/2004	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 6, Bed A	

INFORMAL RESOLUTION

Investigator Name : Fish, Irwin **Date of Report** 10/15/2004

Investigation Report : Hernandez// I/M was seen by the oral surgeon on two occasions and still refuses to sign off on the grievance.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

WILMINGTON DE, 19809
Phone No. 302-429-7700

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : HRYCI
Grievance # : 7735	Grievance Date : 10/08/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/08/2004	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 6, Bed A	

MGC

Date Received : 10/25/2004

Date of Recommendation: 01/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Fish, Irwin	
Staff		Jovin, Jeremy	
Staff		Kerkula, Barnabas	
Staff		Breton, Monique	Deny
Staff		Cerisier, Danivia	Deny
Staff		Gallier, Denise	Deny
Staff		Harris, Diane	Deny

VOTE COUNT

Uphold : 0

Deny : 4

Abstain : 0

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

10-26-04 Medical Grievance Committee Hearing

*Note Rose Swift, Delaware Technical & Community College Student Nurse Present. I/M Hunt did not object to her presence.

This grievance will be rescheduled. Mr. Fish and Jeremy Jovin, RN treated I/M Hunt. Therefore, in accordance with the Inmate Grievance Procedure 4.4., cannot have a part in the resolution of this grievance.

MGC re-convened 1-18-05

The Committee recommends that the grievance be denied. Proper treatment has been provided. Oral Surgeon, Dr. D'Amico has discharged I/M Hunt from his care. Also note that I/M Hunt said that he did not want to sign-off on the grievance because he is pursuing other things.

I/M Hunt wants to appeal.

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : HRYCI
Grievance # : 7735	Grievance Date : 10/08/2004	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 10/08/2004	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 6, Bed A	

APPEAL REQUEST

Appeal submitted by Richard Hunt, 274714-dated 1-20-05 Due to the lengthy unreasonable delay, that stopped me from receiving medical treatment. I refuse to sign off because I want to be informed what exactly was a specific reason for the delay. In order for me to be aware of what I need to do to prevent the same thing for happening in the future. If and when I may need emergency medical treatment. Richard Hunt

REMEDY REQUEST

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

April 14, 2005

Inmate HUNT RICHARD C
SBI # 00274714
HRYCI Howard R. Young Correctional Institution
WILMINGTON DE, 19809

Dear RICHARD HUNT:

We have reviewed your Grievance Case # 7735 dated 10/08/2004.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

United States District Court of
Delaware In and Newcastle County, State of Delaware

Richard C. Hunt

PETITIONER

V

Commissioner of Corr. Stan Taylor

Warden Raphael Williams

First Corr. Medical

DEFENDANTS

Motion For Temporary Restraining Order

Comes now Petitioner Richard C. Hunt
Pursuing to Federal rules and Regulations.
And Moves for this Court to Issue a Order
Compelling the Defendants to provide Immediate
Medical attention as Indicated Here in.

Richard C. Hunt

Petitioner

10.11.04

DATE

UNITED STATES DISTRICT COURT DISTRICT OF
DELAWARE IN AND NEWCASTLE COUNTY STATE OF DELAWARE

Richard C. Hunt
PETITIONER

✓
Commissioner of Corr. Stan Taylor

Warden Raphael Williams

First Corr. Medical
DEFENDANTS

TEMPORARY
RESTRAINING
ORDER

IT IS ORDERED

On this day _____ OF OCT. 2004

Is ordered that Defendants as of
the above date provide and comply with
the following within 7 days.

1. Have the petitioner taken to the nearest
hospital for medical care
2. Such care is to be documented and
the results of medical care and docu-
mentation is to be provided to petitioner
and this court within time stated.

THE HONORABLE _____

THE UNITED STATES DISTRICT COURT
LOCK BOX 18
844 N. KING STREET
WILMINGTON, DELAWARE 19801

Delaware Center for Justice
100 West 10th Street, Suite 905
Wilmington, DE 19801

Adult Offender Services Program

Date: January 21, 2005

**Richard Hunt # 274714
Howard R. Young Correctional Inst.
P.O. Box #9561
Wilmington, DE 19809**


Dear Mr. Hunt:

This is to acknowledge receipt of your letter. After careful review of your letter, the following decision has been reached:

- ☐ We do not deal with the issue(s) in your letter
- ☐ We advise you to contact your institutional medical provider
- ☐ Provide additional information on the matter for follow up
- ☐ Contact your Counselor at the institution for help and guidance
- ☐ We will contact you upon further investigation and follow up
- ☐ File a grievance using the internal 4.4 Grievance Procedure
- ☐ Requested information enclosed
- ☒ **Other: After reviewing your case it is apparent that DCJ will not be able to address your concerns of why treatment was delayed. However, it is my intent to monitor your current grievance (BGO level) to ensure it is in accordance with the 4.4 grievance policy and procedures.**

Thank you for your interest in our agency.

Sincerely,


Nikita Y. Robins
Case Manager, Adult Offender Services

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : DCC
Grievance # : 50865	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Lower, Tier A, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I'm having problems with my jaw that was broken before. It showed no signs of current injury on x-ray bit I'm still having great pain in the area. I was charged \$4. for a reoccurring problem. Also there's no paper showing that I received any injury at all in my file. I would like something to be done about this.

Remedy Requested : I would like for my Jaw to be looked at. Also want to know why I was charged for a reoccurring problem and to know also why there's no medical information on my broken jaw or treatment?

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 07/06/2006
Investigation Sent : 07/06/2006	Investigation Sent To : Rodweller, Deborah
Grievance Amount :	

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : DCC
Grievance # : 50865	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg C, Tier C, Cell R7, Top	

APPEAL REQUEST

Appeal arrived 10/9/2006. Appeal accepted, Cpl Merson did not collect grievances/appeals due to being out on leave. Appeal states: I was told to just put in another sick call form for the same reoccurring problem with my jaw. There wasn't anything stating that my jaw was even broken in my file. I haven't still gotten any answer on that matter! I feel it's not right to keep charging me for the same issues I have been dealing with for the past 2 yrs. I'm beening told Howard Young Correctional hasn't sent my medical file here, but I have been here in DCC since Feb 23. 05. I feels though I should have to file another sick call or be charged for the same problem over and over. If I need to show my own medical paper I will upon request.

REMEDY REQUEST

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : DCC
Grievance # : 50865	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Lower, Tier A, Cell 2, Bottom	

INFORMAL RESOLUTION

Investigator Name : Rodweller, Deborah

Date of Report : 07/06/2006

Investigation Report :

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 09/29/2006

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : HUNT, RICHARD C	SBI# : 00274714	Institution : DCC
Grievance # : 50865	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg C, Tier C, Cell R7, Top	

MGC

Date Received : 09/14/2006

Date of Recommendation: 09/29/2006

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Deny
Staff		Branch, Adriene	Deny
Staff		Heddinger, Brenda	Deny
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing Held 9/28/2006.

Deny: Put in sick call if jaw continues to cause discomfort.

Inmate verbally informed of MGC Decision and appeal form was supplied.

Appeal due 10/5/2006.

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

March 13, 2007
~~December 29, 2006~~

D/W, C-26

Inmate HUNT RICHARD C
SBI # 00274714
DCC Delaware Correctional Center
SMYRNA DE, 19977

Dear RICHARD HUNT:

We have reviewed your Grievance Case # 50865 dated 06/08/2006.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Richard Kearney
Bureau Chief



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: Richard Hunt, 274714
Infirmary

FROM: Warden Raphael Williams *Williams*

DATE: October 20, 2004

SUBJ: **YOUR RECENT CORRESPONDENCE**

Your recent correspondence, to this office, has been forwarded to Captain Carol Jefferson for any action or response deemed appropriate; however, recreation occurs has staffing permits.

RW:ad

DISTRIBUTION

Captain Carol Jefferson
File

EX A, B,

FORM #584

GRIEVANCE FORM

FACILITY: J.C.C.DATE: April 20. 05GRIEVANT'S NAME: Richard HuntSBI#: 974714

CASE#: _____

TIME OF INCIDENT: 8:20 pmHOUSING UNIT: (19) J.W.#3

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED. IN THE INCIDENT OR ANY WITNESSES.

This is the second grievance I have put in concerning my paper work that's been taken away from me. I haven't heard anything about the first one that was filed February 30. 05 7 days after I was transferred from Howard Young Correctional Facility. Hendricks v Coughlin 114 F.3d 390 2nd Cir. Grievance clearly protected by federal Constitution this is my second grievance on this issues of staff (J.C.C.) losing documents paper work that would help my civil case. The first grievance was never heard. This undermines proceedings which violates my due process to a proper hearing For Staff to lose paper work would be unduly prejudice the state is not capable of impartially Investigating itself.

ACTION REQUESTED BY GRIEVANT: *I would like this situation dealt within a professional manner.*

GRIEVANT'S SIGNATURE: Richard HuntDATE: 4/20/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

Certificate of Service

I, Richard Hunt

, hereby certify that I have served a true

And correct cop(ies) of the attached:

Productions of Documents
And things ~~TO~~ Defendants ~~TO~~ upon the following

parties/person (s):

Office of the Clerk

TO:

United States District Court
844 N. King Street Lockbox 18
Wilmington, Delaware

19801-3570

TO:

Catherine Damavandi
Deputy Attorney General
Carval State Office Building
820 North French Street 6th Floor
Wilmington, DE 19801

TO:

Gerald Hager
Heckler & Frabizio
800 Delaware Avenue
Suite 200
P.O. Box 128
Wilmington, DE 19899

TO:

BY PLACING SAME IN A SEALED ENVELOPE, and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977.

On this

22

day of

October

, 200

7

Richard Hunt